

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		5	1	2		1
3		2				2
4		1				1
5		1				1
6		2				2
7		2				2
8		1				1
9		1				1
10		1				1
11	1		1			
12						
13						1
14						2
15						1
16						1
17						2
18						1
19						1
20						1
21						1
22						1
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50						
TOTAL IND.		↓	↓		3	↓
TOTAL DEP.		↓	↓	10	24	↓
TOTAL CLAIMS		↓	↓	11	27	↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS